

Wisconsin Department of Regulation & Licensing

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MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING, AND SOCIAL WORK EXAMINING BOARD

AFFIDAVIT OF PROFESSIONAL COUNSELING SUPERVISED EXPERIENCE FOR PSYCHOTHERAPY

(To be completed by supervisor only)

NAME OF APPLICANT: _____

NAME OF SUPERVISOR (please print): _____

TYPE OF LICENSURE HELD BY SUPERVISOR (e.g., PC, Psychiatrist, Psychologist, etc.): _____

WI LICENSE NUMBER: _____

1) Name and address of agency where supervised experience was gained:

2) Beginning and ending dates of this supervised professional counseling experience:

From: _____ To: _____
month day year month day year

I am a supervisor qualified and authorized to practice psychotherapy and I have supervised this applicant a total of at least 3,000 hours of post-master's supervised clinical professional counselor practice in not less than 2 years, including at least 1,000 hours of face-to-face client contact and including DSM diagnosis and treatment of individuals.

3) The applicant's title/position during the supervised professional counseling experience:

I swear that the foregoing information is true and accurate, and the candidate for licensure has met the requirements of s. MPSW 13.01, Wis. Admin. Code.

Signature of Supervisor

State of _____ County of _____

Subscribed and sworn to before this _____ day of

_____, 20 ____ by _____
(Supervisor Name)

Signature of Notary Public

S E A L

Date Commission Expires

NOTE: THIS AFFIDAVIT MUST BE SIGNED BY THE SUPERVISOR IN THE PRESENCE OF THE NOTARY, ON THE SAME DATE.

#2707 (7/05)

Ch. 457, Stats.